

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748071

1. Entity Name

PARKVIEW PLAZA CONDOMINIUM ASSOCIATION, INC.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90004 003 ****61.25

Principal Place of Business

7300 WAYNE AVENUE
 MIAMI BCH FL 33141

Mailing Address

7300 WAYNE AVENUE
 MIAMI BCH FL 33141-2559

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2204199

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAPOPORT, ALLEN J
 7300 WAYNE AVE.
 #505
 MIAMI BEACH FL 33141

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ELJAS, FANI	
STREET ADDRESS	7300 WAYNE AVE / STE - 208	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TS	<input type="checkbox"/> Delete
NAME	ALVAREZ, BLANCA	
STREET ADDRESS	7300 WAYNE AVENUE STE. 305	
CITY-ST-ZIP	MIAMI BCH FL 33141	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUSAKOV, LEONID	
STREET ADDRESS	7300 WAYNE AVE #317	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GERSHANOVICH, MARINA	
STREET ADDRESS	7300 WAYNE AVE. #307	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VISNJIC, ZORAN	
STREET ADDRESS	7300 WAYNE AVE. #203	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERES, RACHEL	
STREET ADDRESS	7300 WAYNE AVE. #508	
CITY-ST-ZIP	MIAMI BEACH FL 33141	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN GARAN	
STREET ADDRESS	7300 WAYNE AVE.	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALBA MUNIZ	
STREET ADDRESS	7300 WAYNE AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)